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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |                               |        | Docket Number (Optional)         |                    |  |
|---|-------------------------------|--------|----------------------------------|--------------------|--|
| FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |                               |        | UMB-004US3                       |                    |  |
| Application Number 10/749,339   |                               |        | Filed December 31, 2003          |                    |  |
| For Methods for Making Pharmaceutical Dosage Forms Containing Active Cushioning Components  |                               |        |                                  |                    |  |
| Art Unit 1618   |                               |        | Examiner Eric Silverman          |                    |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                               |        |                                  |                    |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                               |        |                                  |                    |  |
| <u>Fee</u>  |                               |        | Small Entity Fee                 |                    |  |
| ✓ One   | month (37 CFR 1.17(a)(1))     | \$130  | \$65                             | \$ <u>65</u>       |  |
| ☐ Two   | months (37 CFR 1.17(a)(2))    | \$490  | \$245                            | \$                 |  |
| ☐ Thre  | ee months (37 CFR 1.17(a)(3)) | \$1110 | \$555                            | \$                 |  |
| ☐ Fou   | r months (37 CFR 1.17(a)(4))  | \$1730 | \$865                            | \$                 |  |
| ☐ Five  | months (37 CFR 1.17(a)(5))    | \$2350 | . \$1175                         | \$                 |  |
| Applicant claims small entity status. See 37 CFR 1.27.  |                               |        |                                  |                    |  |
| A check in the amount of the fee is enclosed.   |                               |        |                                  |                    |  |
| Payment by credit card. Form PTO-2038 is attached.  |                               |        |                                  |                    |  |
| ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.   |                               |        |                                  |                    |  |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-4758  |                               |        |                                  |                    |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form.  Provide credit card information and authorization on PTO-2038.                     |                               |        |                                  |                    |  |
| I am the applicant/inventor.  |                               |        |                                  |                    |  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |                               |        |                                  |                    |  |
| attomey or agent of record. Registration Number   |                               |        |                                  |                    |  |
| attomey.or agent under 37 CFR 1.34. Registration number_if acting under 37 CFR 1.34   |                               |        |                                  |                    |  |
|   |                               |        | September 21, 2                  | September 21, 2009 |  |
| Daniel J. Nevrivy   |                               |        | Date                             |                    |  |
| Typed or printed name   |                               |        | 202-247-6015<br>Telephone Number |                    |  |
|   |                               |        |                                  |                    |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                               |        |                                  |                    |  |
| Total of 1 forms are submitted,   |                               |        |                                  |                    |  |

This collection of Information is required by 37 CFR 1.156(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO porcess) an application. Confidentially is governed by 35 U.S.C. 12 and 37 CFR 1.11 and 1.4. This collection is estimated to false of minutes to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual cases. Any comments on the anound of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Dox 1460, Abexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO Commissioned for Patients, P.O. Dox 1450, Abexandria, VA 22313-1450.